

	<b>State of Alaska Department of Corrections Policies and Procedures</b>	<b>Index #:</b> 807.05	<b>Page 1 of 1</b>
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	<b>Chapter:</b> Medical and Health Care Services		
	<b>Subject:</b> Use of Pharmaceutical Products		

Policy

- A. The Alaska Department of Corrections institutes procedures to ensure that prescribed medications are medically necessary and are administered for no longer than the period of therapy intended by the prescribing health care practitioner.
- B. Facilities of the Department may maintain stock levels of drugs as necessary. Out-dated medications should be returned to the pharmacy for disposition.
- C. The Alaska Department of Corrections restricts the use and administration of controlled substances to the greatest extent possible within the confines of the sound practice of medicine and dentistry. All controlled substances are to be stringently secured and accounted for in accordance with Federal Drug Enforcement Agency regulations.
- D. The Department provides medications to prisoners in an ambulatory care setting in its institutions.

ProceduresA. Definitions

The following definitions apply to this policy:

1. Administering medication means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or other means. This process involves a staff member reading a prescription label, determining what dosage of the medication is to be administered per the health care practitioner's order, identifying the correct medication and correct dosage, identifying the prisoner, giving the prisoner the medication by the route prescribed, and documenting in the medical record that the medication has been given. A nurse, health care practitioner, or pharmacist may administer medication.
2. Adverse Drug Reaction is an effect, which is noxious, unintended, and unexpected and occurs from drug doses normally used for the diagnosis, prophylaxis, or treatment of a disease. These effects include unwarranted pharmacological actions of a drug, excessive effects of the intended pharmacological action of a drug, and allergic type reactions to a drug.
3. Authorized Stock Level is the pharmaceuticals and medical items authorized by the Pharmacy and Therapeutics Committee to be stocked in the pharmacy or an institution's medical unit.
4. Blister Pack/Card means a prescription-labeled, heat-sealed, clear plastic pop-out bubble unit medication container utilized by the Department to distribute individual prescriptions and to issue bulk medications to institutions' medical units.
5. Controlled Substance is any medication so defined by the Drug Enforcement Agency. These drugs are listed in Schedule V and Penalty Groups I through 4 of the Controlled Substances Act. The prescribing physician's or dentist's Drug Enforcement Administration (DRUG ENFORCEMENT AGENCY) registration number is required on the medication order.
6. Deliver or "delivery" means the actual, constructive, or attempted transfer of a drug or device from one person to another.
7. Device means an instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including a component part or accessory, that is required



<b>Subject:</b> Use of Pharmaceutical Products	<b>Index #:</b> 807.05	<b>Page:</b> 2 of 2
--	------------------------	---------------------

- under federal law to bear the label "Caution: Federal or state law requires dispensing by or on the order of a physician."
8. Dispense or "dispensing" means the preparation and delivery of a drug or device to a patient or patient's agent under a lawful order of a health care practitioner in a suitable container appropriately labeled for subsequent administration to, or use by, a patient; dispensing of medication is only done by a pharmacist or practitioner and does not occur when staff assist prisoners with self-medication.
  9. Distribute means the delivery of a drug or device other than by administering or dispensing; when staff assist prisoners with self-medication, this is the distribution of medication.
  10. Formulary is a list of medicines that the Departmental Pharmacy Therapeutics Committee determines should be routinely available for the treatment of prisoners.
  11. Health Practitioner means a person licensed by the State of Alaska to prescribe legend drugs.
  12. Labeling means the process of preparing and affixing a label to a drug container; it does not include, however, the labeling by a manufacturer, packer, or distributor of a nonprescription drug or commercially packed legend drug or device.
  13. Legend Drug means any drug with a package or label that states "Caution - Federal Law Prohibits Dispensing Without Prescription."
  14. Loose Pills means pills in unmarked containers that are not easily identified or verified. Staff must destroy these pills or return them to the pharmacy.
  15. Medication Error occurs when during medication administration a prescription is administered more than one hour from ordered time, a patient is given a wrong dose, wrong drug, wrong route, or when medications are given to the wrong patient.
  16. Med Line is a scheduled time at which routine prescribed medication is dispensed to prisoners from a medication cart.
  17. Non-Formulary Prescription means any medication not listed on the Department formulary. The provision of these drugs is subject to the approval of the Medical Advisory Committee or the Pharmacy and Therapeutics Committee.
  18. Over-the-counter Medications are medications that are not required by federal law to be dispensed under prescription by a health care practitioner.
  19. Pharmaceutical means any medical substance, drug, or medicine, either prescription or "over-the- counter."
  20. Prescription Medication means a drug that is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or that is restricted to use by health care practitioners only or a drug that, under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements: (A) "Caution: Federal law prohibits dispensing without prescription all pharmaceuticals identified by the Federal Drug Enforcement Administration (Drug Enforcement Agency) as controlled substances (schedule II, III, IV and V) and (8) Federal Caution or Legend Drugs (antibiotics, steroids, etc)
  21. Prescription Drug Order means a lawful order of a health care practitioner for a drug or device for a specific patient.
  22. Self-Administered Medication means the process by which a prisoner takes his/her own medication based upon his/her own understanding of the prescribing information. This is also denoted as Self- Medication.



<b>Subject:</b> Use of Pharmaceutical Products	<b>Index #:</b> 807.05	<b>Page:</b> 3 of 3
--	------------------------	---------------------

23. Self-Medication Keep On Person (SM-KOP) is the practice whereby properly-labeled blister packs/cards of medication are periodically issued to a prisoner by medical staff with the prisoner being responsible for storing and self-administering the medication.
  24. Self-Medication Med-line (SM-MI) is self-medication that occurs at a med-line with assistance from a Correctional Officer trained to assist in SM-MI.
  25. Self-Medication Stored by Security (SM-SS) is the practice whereby properly-labeled blister packs/cards of medication are issued to a prisoner by medical staff; in order to minimize security risks and enhance prisoner safety, however, the prisoner's medication property is stored by the security staff and made accessible to the prisoner when it is time to take the medication.
  26. Telehealth means the provisions of health care utilizing telecommunication equipment. Generally this equipment facilitates live audio-video conferencing.
  27. Telenursing means the provision of telehealth functions by a nurse.
- B. Pharmacy Organization and Operation
1. The Department will provide pharmacy services in accordance with state licensure laws, regulations and rules and the Federal Controlled Substances Act.
  2. A registered pharmacist manages the Department's pharmaceutical services. The pharmacist must have a State of Alaska pharmacist license. The pharmacy must have a Controlled Substances Registration Certificate issued by the Federal Drug Enforcement Administration for the purchase and dispensing of controlled substances.
  3. Security and storage of pharmaceuticals in the Pharmacy must be conducted in accordance with the following procedures:
    - a. only the pharmacist may have keys to the pharmacy and the combination to the vault where controlled substances are stored;
    - b. the pharmacist shall seal a duplicate set of pharmacy keys and the combination to the vault in an envelope, clearly mark the envelope as to contents, and keep them in a safe place, separate from the pharmacy, as designated by the Health Care Administrator; and
    - c. the pharmacist shall activate a movement or intruder alarm when the pharmacy is closed.
  4. Pharmacy staff shall label each container of prescription medications. The container for legend drugs must be labeled with the following information:
    - a. prescription number and date of prescription;
    - b. prescribing health care practitioner and initials of pharmacist;
    - c. name of prisoner/patient;
    - d. instructions for use;
    - e. name and strength of drug;
    - f. expiration date; and
    - g. ordered method for distribution (i.e. Medical Staff Administered Medication (MSAM), Self-Medication - Keep on Person (SM-KOP), Self-Medication - Stored by security (SM-SS), or Self-Medication - Med Line (SM-ML)
  5. Pharmacy and Therapeutics Committee  
The Health Care Administrator shall maintain a Pharmacy and Therapeutics Committee to oversee pharmaceutical practices. The Pharmacy and Therapeutics Committee shall consist of members of the Medical Advisory Committee, the Chief Pharmacist, and



<b>Subject:</b> Use of Pharmaceutical Products	<b>Index #:</b> 807.05	<b>Page:</b> 4 of 4
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institutional health care representatives. This committee shall meet at least quarterly, keep recorded minutes, and perform specific functions, including:

- a. advising medical staff and the pharmacist on matters concerning the choice of drugs;
- b. determining drugs to be stocked on nursing units, in emergency boxes, and at other approved locations;
- c. developing and maintaining a department formulary for prescription and non-prescription (over-the-counter) drugs, and considering requests from DOC health care practitioners submitted on a Request to Use Non-Formulary Drug Form 807.05E for additions to the formulary.
- d. reviewing the prescription of drugs not on the formulary list; and
- e. monitoring medication errors and monitoring adverse drug reactions.

**C. Ordering and Prescribing Medications**

1. Staff shall order all pharmaceuticals through the Department of Corrections pharmacy except when delay could lead to physical harm or inappropriate treatment to a patient.
2. Only a DOC medical contractor or employee health practitioner may prescribe prescription medications for prisoners in DOC custody (except as set out in 807.05D.(10)(A)(3) below. The prescribing health care practitioner must record and sign all medication orders on the Prescription Form 807.05C, except as noted in C3 below and in the Health Care Progress Note (Form 807.06A). Unless indicated otherwise, the order will take effect when the medication has been dispensed and properly labeled by the pharmacy or by a health care practitioner, or when qualified medical staff can administer the medication from stock medications. All medication orders must include:
  - a. date;
  - b. prisoner name;
  - c. name of prescribing health care practitioner;
  - d. name of the medication;
  - e. the exact number of doses to be administered;
  - f. the number of days for administration of medication;
  - g. the stop date of the order; and
  - h. the method of distribution of the medication.
  - (1) If self-medication is authorized in the order, the order must specify the method of self-medication (Self-Medication Keep On Person, Self-Medication Security-Stored, or Self-Medication Med-Line). This authorization indicates that in the opinion of the health care practitioner the prisoner is capable of self-administering medication, the prisoner is aware of how to take the medication, and he/she knows to report any significant side effects to medical staff
3. A nurse may take oral or telephone orders from a DOC Health Practitioner if the nurse can verify the identity of the health care practitioner. The nurse must write the order in the prisoner's medical record as described above and note "V/O" for a verbal order or "T/O" for a telephone order. The prescribing practitioner must sign the order or follow-up with a faxed order the next duty day.
4. Health care practitioners shall routinely utilize drugs that are available on the Alaska DOC formulary. If a consulting health care practitioner outside the Department recommends a non-formulary drug, the Institutional Health Care Officer should contact the health care practitioner to determine if a drug on the formulary is acceptable. If the consulting health care practitioner indicates that there are no acceptable alternatives on



<b>Subject:</b> Use of Pharmaceutical Products	<b>Index #:</b> 807.05	<b>Page:</b> 5 of 5
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the formulary, the Institutional Health Care Officer shall complete a Request to use Non Formulary Drug, Form 807.05E.

5. A health care practitioner must review all prescription orders every 90 days or prior to prescription renewal.
6. Use of drugs not on the Department of Corrections formulary:
  - a. The Alaska Department of Corrections provides prisoners with non-formulary drugs as deemed necessary by the treating health care practitioner subject to review by the Clinical Director or health care practitioner designee.
  - b. Non-formulary drugs may be obtained as follows:
    - (1) The prescribing health care practitioner shall document in the prisoner's health record that the prisoner needs the particular drug.
    - (2) The prescribing health care practitioner, or IHCO, shall submit a completed Request to use Non-Formulary Drug Form, 807.05E, to the Pharmacist. The form must be completed in its entirety. The Pharmacist will either fill the non-formulary request, contact the prescriber to suggest a formulary drug substitution, or refer the request to the Clinical Director or health care practitioner designee for a final determination.
    - (3) The Clinical Director or designee shall review the request in a timely manner and make a determination to approve the non-formulary request or to deny the request. If the request is denied, the prescribing health care practitioner shall select a medication that is on the formulary to use in the treatment of the prisoner.

**D. Distribution of Medications**

1. DOC will distribute medications to prisoners utilizing a variety of different methods as authorized by the Institutional Health Care Officer. The purpose of having a variety of methods of medication distribution is to permit the health care practitioner in each facility to utilize distribution options that suit the particular prisoner and the facility staffing and structure, while also promoting a more active role for the prisoner in his/her medical care. The prescribing health care practitioner or IHCO shall determine which method is the most appropriate for each prisoner. Medications authorized for any self-medication program may be distributed by the SM-ML method if they were authorized for SM-KOP or SM-SS. Medications authorized for SM-KOP may also be distributed by the SM-SS method if KOP is not approved in the prisoner's housing area.
2. The IHCO may not approve any prisoner's participation in a self-medication program if the superintendent or designee has made a determination that security constraints prohibit that prisoner or all prisoners from participating in the self-medication program. The superintendent or designee shall notify the IHCO in writing of any such determinations. It is not necessary for the IHCO to routinely clear authorizations for self-medication through security. Medical Staff Administered Medications will be utilized if no Self-Medication program is appropriate for a prisoner.
3. Prescriptions written by DOC health care practitioners must specify which method is to be used in the distribution of the medication. Available methods include: Medical Staff Administered Medication (MSAM), Self-Medication Keep On Person (SM-KOP), Self-Medication Stored by Security (SM-SS), and Self-Medication Med-Line (SM-ML).
4. MSAM consists of medical staff administering medication to prisoners. MSAM normally occurs at med-line. SM-KOP consists of properly-labeled blister packs/cards of medication being periodically issued to prisoners by nursing staff with the prisoner being responsible for storing and self-administering the medication. SM-SS is similar to SM-



<b>Subject:</b> Use of Pharmaceutical Products	<b>Index #:</b> 807.05	<b>Page:</b> 6 of 6
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KOP except that, in order to minimize security risks and enhance prisoner safety, the prisoner's medication property is stored by the security staff. Prisoners taking medications under the SM-SS method are to self-administer their medication as prescribed but must go to the security staff to get their medication container each time a dosage is due. The SM-ML method is utilized in place of the MSAM method when authorized by the health care practitioner for times when no qualified medical staff is available. SM- ML is self-medication that occurs at the med-line with assistance from a Correctional Officer trained to assist in SM-ML in accordance with the SM-ML protocol.

- a. Correctional officers who have completed training approved by the clinical director may assist a prisoner with Self-Medication if the prisoner is authorized by the prescribing health care practitioner to self-administer medication using the Self-Medication Stored by Security or Self- Medication Med-Line protocol (Inmate Self-Medication protocols attached).
- b. Correctional officers may assist prisoners with self-medication, but may not administer prescription medication.
- c. In institutions where correctional officers assist prisoners with self-medication, training for officers performing this task must be completed at least annually. The clinical director must approve this training curriculum. Documentation of the training must be forwarded to the DOC Training Academy.
5. Distribution of Over-the-Counter Medications
  - a. If a DOC practitioner determines that an over-the-counter medication is required to treat a prisoner within the guidelines of essential health care, the Pharmacy shall provide that medication if it is on the formulary.
  - b. Prisoners may obtain a variety of common over-the-counter medications by ordering them from the institutional commissary.
  - c. Only authorized medical personnel may order over-the-counter medication from the Pharmacy.
6. Medical Staff Administered Medication (MSAM)
  - a. DOC medical staff shall identify the prisoner before giving medication to ensure that the proper person receives the medication.
  - b. Only qualified medical staff may administer the medication to the prisoner. A prisoner may not self-administer medication with this method of medication distribution.
  - c. Immediately after administering medication at the institution, and prior to administering to another prisoner, medical staff must document the administering of each dose, as well as the date and time of administration, and initial the Medication Administration Chart (form 807.05A). If a prisoner refuses to take a prescribed medication, staff must record this on the Medication Administration chart and notify the prescribing health care practitioner. This chart shall become part of the prisoner's medical record.
  - d. Medical staff shall directly observe a prisoner while he or she is taking medication to ensure that the medication is being taken.
7. Self-Medication Keep On Person (SM-KOP)
  - a. Blister packs/cards for SM-KOP must be labeled as SM-KOP along with the standard prescription labeling information.
  - b. Each medication prescribed for a prisoner must be specifically ordered for SM-KOP in order to be administered as such.